

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	4		4				
TOTAL DEP.	29		20				
TOTAL CLAIMS	33		24				
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							
TOTAL IND.		4		4			
TOTAL DEP.		29		20			
TOTAL CLAIMS		33		24			

23

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS